VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 1340

00844

1	_		
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Tallant	(For newborn Infants give residence of mother)		
City or town. (Li Dutside city or town limits, write RURAL and give nearest town)	State for hold honge food the County hold to del de		
How long in above pace of death?	(if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:			
	Street No		
How long Inhospital or Institution?	2.(o) If veteran, name war		
3. (a) FULL NAME P	3. (b) Social Security Number		
Charles a	3. (0) Social Security Number 21 4-12-5474		
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
married	20. DATE DE DEATH Jan 19 45 18.100		
6.(1) Name of husband or wife. Dries Ocise	21. I CERTIFY That death occurred on the date above stated; that I attended deceased from		
	13 45 19 46		
7. Birth date of year	and that I last saw h Amagliva on Sunt 8 19 4 S		
deceased (mo., day, yr.) July 30, 1888	Immediate cause of death DURATION		
8. AGE: Years Months Days I fless than one day	Marie Star of Control		
56 9 19min			
9. Birthplace	Due to Phillimpolitics 2 who		
(Town, county, and atate)			
10. Usuat occupation.	Due to Due to		
11. Industry or business farm	firmary calcula		
# 12. Name Robert Ocree	Dther conditions.		
13. Birthplace Richmond, Va.	V		
14. Maiden name Mary Johns 15. Birthplace Caroline Co. md.	(Include pregnancy within 8 months of death)		
15. Birthplace Caroline C. md.	Major findings of operations		
	- Obstructing within Date of on San 3, 45		
16. Informant Carvis Ceres	Autopsy results. Autopsy PHYSICIAN: Please underline the cause to which death should be charged statistically,		
Address Danton Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Buy 19 Bate thereof 1 22 4 5 (Burial, cremation, or removal Which?) (month) (day) (year)			
Cemetery or crematory Dentan Calaxid	Where did Injury occur?		
Location) enton Mel	Injured at home, farm, industry, public place (where?)		
18. Funeral director f. f. Tramptom & Say	Means of injury Injured at work?		
Address Federalsburg hayland	Sel - la 11 to		
Number of the part	23. SIGNATURE M. D. or other		
19. (Class sold by rediction)	Castan, md med by 4		

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FEB 6 1945
BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

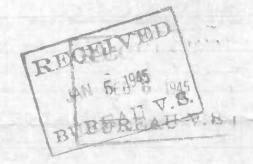
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00845

	Neg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County St Mishaels	State Md County Talbot
City or town. (If outside city or town limits, write EURAL and give nearest town)	I muchalla gul
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rapul, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war World Way
3. (a) FULL NAME	3. (b) Social Security Number
Naniel J. Blades).	216-09-3271
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male white single	20. DATE DE DEATH JAW 2 1945 at 1130 A.
B,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Valended deceased from
	Jan 7 1945 10 Jan 2 19 45
7. Birth date of J. J. Sirth date of J. Sirth d	and that last saw hand alive on fact 2 19 45
deceased (mo., day, yr.) Mer. 3 1889	Immediate cause of death
8. AGE: Years Months Days If less than one day	0
29 10 29hrsmin.	Coronary disease 1
If michaels Talbot & ma	
9. Sirihplace	(lalenia Selezosen
10. Usual occupation Juck Liver	
11. Industry or business	Due to
E 100 . 0 . 7 . 0 . 1 7 . 1	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Elizabeth a. Cox 15. Birthplace If michalls, Talbotho, Ind	Major findings of operations
\$ 15. Birthplace If michallo, Talbot to, Ind	Date of op.
my hickory Haddans	
16. Informant	Autopsy results
Address Clarborne my	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Sturial Date thereof, Jaw 5-1995	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur?
Location St. Fruchaels. The	Injured at home, farm, industry, public place (where?)
newram & Hamson	Means of injury injured at work?
18. Funeral director	Quill mo
Address St. Michaela Mas	23. SIGNATURE J. H. Stoke M.D.
" lane 4th "46" laker Brown Dla	M. D. or other
(Date rec'd by registrar)	Address Ota / Michaels, Md. Date signed 1/3/45

ENTANGED ATACHTERS



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

00846

1. PLACE OF DEATH: Palfot	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For rew) orn infauts give residence of mother)		
City or town Spord	State Haryland Couply Vallot		
(If outside city or town in the write RURAL and give nearest town)	City or town Offord		
How long in above place of death?	City or town (If outside city of town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME Linginia M. Dryan	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, harrief, widowed, or divorced	MEDICAL CERTIFICATION		
Temale White Married	20. DATE OF DEATH Jasuary 16 19 45 21 3. 5 Q.		
6.(b) Name of husband or wife James Olice Dryans	21. I CERNIFY that death occurred on the late above stated: that I atlended deceased from		
	50 there 1943, to 16 fameury 19.45		
7. Birth date of	and that I last saw h. A.A alive on		
	Immediate cause of death. CONCANANA DOWN DURATION		
8. AGE: Years Months Days If less than one day	externs with amenal		
56 6 1hrsmin.	and lamentale for transcribering		
Vocasta County Ald.	Vincena.		
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation O Housewell			
(1 - 4/	Due to.		
11. Industry or business			
12. Name Danies 13. Birthplace Haryland	Other conditions		
\$ 13. Birthplace Haryland			
E	(Include pregnancy within 8 months of death)		
14. Maiden name	Major findings of operations.		
≥ 15. Birthplace	Date of op.		
16. Interment James O. Dryan Husband)	Autopsy results.		
10. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address Aford Seld.	CO MICHENOE IS dealth used to be external course. (III in the following:		
Date thereof Jan. 18, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removel Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Afford Escalery	Where did injury occur?		
() I had	Injured al home, farm, Industry, public place (where?)		
Location			
18. Funeral director J. Colles Clark	Means of Injury Injured at work?		
60 + 101			
Address Scolon, XIIA.	23. SIGNATURE OF LONG BL. D. or other 2		
10 James 18 1045 Jorda Con	M. D. or other		
19.	Charles Marks Jan at the Mark		



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00847

CERTIFICATE OF DEATH

Reg. Dist. No. 392

1. PLACE OF DEATH: Jacket	2. USUAL RESIDENCE (HOME) OF DE	CCEASED:	
County	That I want		
City or town (If outside city on town limits, write RURAL and give nearest town)	State County C		
How long in above place of death? Melerly held of language	City or town (1f outside city or town houts, wri	te RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:			
	Street No	ATION) / /	
How long to hospital or institution?	2.(a) If veteran, name war. While	war I	
3. (a) FULL NAME		(1) C : 1 C : N 1	
a Horman Bryan	3	. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERT	TIFICATION	
Male White Kingle	20. DATE OF DEATH January	17 1945 at 95P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above sta	ited; that I attended deceased from	
	19	, to1919	
7. Birth date of Anal 3 / table 1894	and that I last saw halive on	19	
8. A.G.E. Years Months Days If less than one day	Immediate cause of death	OURATION	
6.10	- January January	Q	
50 8 //hrsmlp.	Julea wes 14mic		
9. Birthplace Tuaffl Tall to Ma. (Town, county, and state)	Oue to Struck by truck	While	
(Town, county, and state)			
10. Usual occupation.	Due to Navm & esseleptice s	ecurem	
11. Industry or business	0/ 4/	0	
# 12 Name Robert It Bryan	Other conditions otale highers	Zey/	
12. Name Abell & Bryan 13. Birthplace Drichester So Ma			
	(Include pregnancy within 8 month	s of death)	
14. Maiden name affolds Laul 15. Birthplace and Cheffe Co., Md	Major findings of operations	170101101101111111111111111111111111111	
E 15. Birthplace College Go., 1700	***************************************	Date of op	
16. Informant // so Ellel Wist	Antopsy results	***************************************	
7. A P.F	PHYSICIAN: Please underline the cause to which d	leath should be charged statistically.	
Address Rappe Man Man 145	22. VIOLENCE: If death was due to external causes,	All in the following:	
(Burial, cremation, or removal, Which?) Quie thereof (Manonth) (day) (year)	Accident, suicide, or homicide.	Date of 1-12-45	
I prenabill		Tallot med	
Cemetery or cremator	Where did injury occur?	(County) (State)	
Location Lag to V	injured at home, farm, industry, public place (where?)	usay	
Maurice Ellownam EM	Means of injury fests acident	Injured at work?	
18. Funeral directors	0 01-	7 37 1111	
Address Maston / Ad	23. SIGNATURE & Bris & Nacley	no Dep Med Lex	
19 Jan 15. 1945 Inglaston	la the hold	M. D. or other	
(Ohto poo'd by posistran)	Address Marin 1000	Pain signed (~ 3-43	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1620

CERTIFICATE OF DEATH

Reg. Dist. No. 292

00848

City or town (If oursist city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occuped:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME .	3. (b) Social Security Number
William & Dawson	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE DE DEATH
8.(6) Name of husband or wife. Lite Barres decesses	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from
7. Birth date of 7. years	19.26 to Jan 21- 19.48
7. Birth date of deceased (mo., day, yr.) 7-eb. 8-1856	and that I last eaw have alive on the 150 19.49
8. AGE: Years Months Days If less than one day	Immediate cause of death
88 // /3min.	Sende Dementia mes
8. Birthplace Man Russel (Town, county, and atate)	Due to
1D. Usual occupation Jetunes	Due to.
11. Industry or businese Saw Milling	DUG 10
12. Name Lea Dawson.	Other conditions
13. Birthplace Zenknown	(Include pregnancy within 3 months of death)
14. Malden name Sally Somers	
15. Birthplace Baltemore, Mrd.	Major findings of operations
16. Informant Mrs. Double Limith	Autopsy results.
Address Offen D. M.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Office Comelens	Where did injury occur?
Location Office 1	Injured at home, farm, industry, public place (where?)
18. Funeral director Dofon D. Williams	Means of Injury Injured at work?
Address (Easlow, M.)	0 100 2 2
la 12)	23. SIGNATURE M. D. or other
19. Jan 13. 19. 45. Jord Word Registrar	Address Date signed 1/23/45

TOTAL SECTION OF STATE OF STAT

RECEDIVED
FEB 9 1945
BUREAU

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

00849

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Jack	(For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long is above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital institution, or street address where death occurred:			
	Street No		
Now long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Win V. Fulls.			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M. C. Widaway	20. DATE OF DEATH		
77.	1.		
B.(b) Name of husband or wife	21. I CERTIFY that teach occurred on the date above stated; that attended deceased from		
8.(c) If alive, give ageyears	1944, to James 31 1940		
7. Birth date of	and that I last saw have alive on 19.4.3.		
accesses (mort as); his	Impediate cause of death DURATION		
8. AGE: Years Month's Days If less than one day	Campuic Somesitud		
79 3 26hrsmin.	The duits 24em		
9. Birtholace Royal Oak Jacket Tal.			
9. Birthplace. (Town, county, and state)			
1D. Usual occupation			
	Due to		
11. Industry or business			
E 12. Name Design Vitas	Diher conditions		
13. Birthplace M.	(Include pregnancy within 3 months of death)		
El Buldi	(Include pregnancy within 3 months of death)		
14. Maiden name Silva Frields	Major findings of operations.		
E 15. Birthplace Md.	Date of op		
18. Informant Beary Edward Jakons.	Autopsy results.		
0.2/121	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Of Lyaf Clare O Ma-	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, eremation, or removal, Which?) Bate thereof. All. (day) (year)	Accident, suicide, or homicide		
(Estrial, eremation, or removal whien;) (month) (usy) (year)			
Cemetery or crematory Ang as wak	Where did injury occur?		
Location Regal Oaks md.	Injured at home, farm, industry, public place (where?)		
Dane Charle	Means of Injury Injured at work?		
18. Funeral director of the state of the sta	4/ 2000		
Address Eaglon. Med.	Drawlood of a Market MA		
21- 2011/20	23. SIGNATURE. M. D. or other		
19. 2 19. 45 A. TY' ARGUSTRAT	Address Gersley MM Bote signed 2/1/45		

AND DESCRIPTION OF THE STATE OF

FEB 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00850

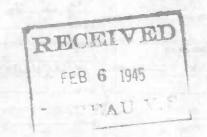
CERTIFICATE OF DEATH

			9	Co		
Rew.	Dist.	No.	2	7	0	

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Mandand County Talbal		
City or town			
How long in about place of death?	City or town		
Melinial Assertal Easter Ind	Sireel No. 104 Cott St (Ifrural, give LOCATION)		
How long in hespital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Valestine Florid	3. (b) Social Security Number		
4. Sex 5. Celor er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
+ Black Dingle	20. DATE OF DEATH Juneary 27 19.45 at 1735		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lastended deceased frem		
acq. 4 1944 8.(c) If allve, give age years	Jan 24 1945, 6 Jan 27 1945		
7. Birth date of deceased (mo., day, yr.)	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
5 23hrsmin.	ferentino lestec 5 mg.		
9. Birthplace Easton, md	Que la		
(Fown, county, and state)	menica		
10. Usual eccupation.	Due fe		
11. Industry or business			
12. Name Calie Floury 13. Birthplace Markland	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Theresa Furdle 15. Birthplace Maryland	Major findings of operations.		
≥ 15. Birthplace Maryland	Date of op.		
18. Informani Florence Rendle	Autopsy results		
Address Easton Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Bural Date thereof Jan 29, 1945	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, er hemicide		
Cemetery or crematory	Where did injury eccur?		
Lecation Lecation Lecation	Injured at heme, farm, Industry, public place (where?)		
18. Funeral director Ir. Sles Land HAND.	Means of Injury Injured af work?		
Address Caston, Afric.	Louis V. Wetter M.D.		
1128 145 n. N. nerus	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address Masty Ma Date signed (-7)		

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

00851

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	(For newborn infants give residence of mother) State Maruland County Sallot,		
City or town			
How long in above place of death? 10 4444	City or town		
Hospital, Institution, or street address where death occurred;	Street No. 121- Hawou St		
121 Hanson Street	(If rnrai, give LOCATION)	1-8-0-50	
How long in hospital or institution?	2.(a) It veteran, name war.	•••••	
3. (a) FULL NAME Claria V. Psilson	3. (b) Social Security N	umber	
Cara 10, Suson	Noue.		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female, Colored. Morried.	20. DATE DE DEATH January 27" 19.315	10-30-H.M	
8.(6) Name of husband or wife Changes Silvson	21. I CERTIFY that death occurred on the dail above stated; that I attended deceas	ed from	
	Dec 24, 1944 19 to ### Jan	27.19.45	
7. Birth date of 4 7 1880	and that I last saw h.eralive on		
deceased (mo., day, yr.) March 7, 1880	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day	Acute Uremia	1 mo.	
		3 days	
8. Birthplace Nor chester Co. 4nd. (Town, county, and state)	Due to Brights Disease	***************************************	
10. Usual occupation. House-work	Due to.	***********************	
11. Industry or business Home			
# 12. Name Charles Holland	Other conditions Hypertension		
\$ 13. Birthplace Box, Co, And			
	(Include pregnancy within 8 months of death)		
14. Malden name. Willie Sivers. 15. Birthplace 750: Co. Vid.	Major fiedings of operations	ne	
18. Informant Love Servera Handy	Antopay results		
Address 121- Hawon St. Ecuston, Md	PHYSICIAN: Please underline the cause te which death should be charged at	atistically.	
Burial (Burial, cremation, or removal. Which?) Date thereof. Gau. 31 1945 ((month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Bettine New Connections	Where did injury occur?	(State)	
Location Bethlehem And	injured at home, farm, industry, public place (where?)	10	
18. Funeral director Q. Q. Branchow & Sou	Means of Injury Injured at work?	111	
Address Federals burg, Wed.	Theyer th	M	
19	St. Michaels, Md Date signed	.29.45	

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FEB 6 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0

1945

CERTIFICATE OF DEATH

Reg. Dlat. No. 296

County	City or town County County County City or town County County City or town County Coun
3. (a) FULL NAME ERNEST GIBSON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced Sivoread	MEDICAL CERTIFICATION 20. DATE DE DEATH SULLAND 12, 19 45, 15 30 A. N
8.(b) Name of husband or wife. Sleason Sibson 7. Birth date of deceased (mo., day, yw. Hasek 17, 1903 8. AGE: Years Months Days if less than one day 41 hrs. min.	21. I CERTIFY that death occurred on the dail above stated: that I atlanded doccored from 18. , to 19. and that I last saw h alive on 19. Immediate cause of death for the daily on DURATION
9. Birthplace	Due to Dischally Jaimery in Long of Curry Due to Lefe numer Smooths Differ conditions
13. Birthplace Suckyours 14. Maiden name da Hoitehell 15. Birthplace Palbot Co. Afd.	(Include pregnancy within 8 months of death) Major fieldings of operations
16. Informant Thasles to Civing Address Caston, Add. R. K. H. 2 Box184 17. Durial Date thereof 1/15/45	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal Which?) Cemetery or crematory Location Date thereof (rionth) (day) (year)	Accident, suicide, or homicide
18. Funeral director of Pago Clark Address Caston, Hill	Means of Injury injured at work? 23. SIGNATURE M.D. or other
19	Address Luston Will Date signed 1-11-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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FES 6 1945
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

00853

CERTIFICATE OF DEATH

	harles St., Baltimore (08)
CERTIFIC	ATE OF DEATH Reg. Dist. No. 293
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County Auto City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Mary Rhodes Slaughter Glass	2. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Signic, merried, widowed, or divorced Formale White Willow	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20.21. 19.45. at
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day. yr.) July 4, 1850	and that last saw live on
8. AGE: Years () Mooths Days If less than one day 94 6 hrs.	Broad runeum ouis 2 day
9. Birthplace Condowa Md (Town, county, and state)	Due to Touriti's
10. Usual occupation	Due to
12. Name. William Slaughter	Other conditions Children order order
14. Malden name. Mary ann Rhades 15. Birthplace Coldova Mo	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant Mus. Bersie Hapkins	
Address Condova) Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or remotal, Walling Sold (Wonth) (day) (worth)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory 1 / Illy Charles Constitute Constitute	Where did injury occur?
18. Funeral director. Bull to Medicular	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address / Extou Ula	23. SIGNATURE Sect Colors 74.1.
19. 19. 19 45 Decrees	Queen (1) and by M. D. or getter You

RESEASE OF THE SERVICE OF DEATHER OF

FEB 6 198 BUREAU V.S. please

important.

202

WRITE

PLEASE

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 983

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CERTIFICATE OF Reg. Dist. No. 29 1. PLACE OR BEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rurai, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 7. Birth date of deceased (mo., day, yr.) Years Days It less than one day 8. AGE:hrs. (Town, county, and state) 1D. Usual occupation..... 11. Industry or business 12. Name. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthpiace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide...... (day) (year) (Berial, cremation, or remo (month) Where did injury occur? (City or town) (County) 200 injured at home, farm, industry, public place (where?) Injured at work? Means of injury 18. Funeral director Address 23. SIGNATURE M. D. or other

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10	Evidence for change of
3 gg	birth date of deceased
XX	FILM No. G 9 2 MAR 10
Xº S	1. PLACE OF DEATH:
The	County 200
J. Je	City or town
fully	How long in above place of death?
are	Hospital, institution, or street address where death
n ca lea	How long in hospital or institution?
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information careful of death clearly an	3. (a) FULL NAME
infoi of d	4. Sed 5. Color organice 8
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ite	8, (b) Name of husband or wife hoah
ery if	
ly every item of write the causes	7. 8 Irth date of deceased (mo., day, yr.) Uferil
INK. Supply every item of ians: please write the causes	8. AGE: Years Months
ple	Monatt
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NG INK	10. Usual occupation. House

MARYLAND STATE DEPARTMENT OF HEALTH

th date of deceased is shown on 2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH No. G 9 2 MAR 1 0 1945

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Reg. Dist. No. 291

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Tallot	(For pewborn/infants give residence of mother)
). F-TT (An. A	state Ma . County Valle of
City or town (If outside city or town limits, write RURAL and give nearest town)	3.07
How long in above place of death? To years	City or town
Hospital, institution, or street address where leath occurred:	(If outside city or town limits, write RURAL and give nearest town)
mountain, mathematical, or street address when y weath occurred.	Street No.
411111111111111111111111111111111111111	(If rnral, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomasine frais	none,
4. Sed 5. Color or race 8.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Denule Write, married	1 0 1 200
	20. DATE DE DEATH
8, (b) Name of husband or wife hoah m. Hone	21. I CERTIFY that death occurred on the date above stated, that I attended deceased from
DIO) Hame of Hasband of Wife.	19. 7,0 27 24 19. XO
7. Sirth date of	dro
deceased (mo., day, yr.) Christian 186	6 and fhat f last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 9 93 -	Contacty decade teast
hrs. m	(Read melenty, blac
8. Birthplace Mante ma	Due to I least pairs)
(Town, county, and state)	
10. Usual occupation House well	
To, Usual Occupation	Due to
11. Industry or business	
12. Name Nomas Otalalway	
710 a - T 1 1 20 (Find)	··· Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary arm Ball 15. Birthplace . Talloot Co. Ind.	(include pregnancy within a months of death)
Jan 12 gh. d.	Major findings of operations.
\$ 15. Birthplace , Lacot Co. Man.	
18. Informent Mulford Janea	Autopsy results.
Distillation and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 40 montains 7700	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17 Burial Date thereot Jan. 26, 194	
(Burial, cremation, or removal) Which?)	Accident, suicide, or homicide
Cemetery or crematory Cluth Cemetery	Where did injury occur?
Stong of all gold	
Location Control Contr	injured af home, tarm, industry, public place (where?)
18. Funeral director Newmann & Warrison	Means of Injury Injured at work?
Address St. michaela Ind.	Justy Redsez
a sith was a a of	23. SIGNATUME M. D. or other M. D. or other
19 AM. AS 19 AS Command Registrar) Registrar	the state of the track of the

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10

CERTIFICATE OF DEATH

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	Reg.	Dist.	No.	 675		Q.	

1. PLACE OF DEATH: County Talbot City or fown Eston Maryland City or fown Mong in above place of death? 34 Hours Memorial Hospital How long in hospital or institution? 34 Hours Memorial Hospital City or fown Imits, write RURAL and give nearest town) How long in hospital or institution? 34 Hours (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital How long in hospital or institution? 34 Hours 3. (a) FULL NAME Street No. (11 rural, give LOCATION) 2. (a) If veteran, name war.
How long in hospital or institution? 34 Hours 2.(a) If veteran, name war. 3. (b) Social Security Number
3. (a) FULL NAME
5. (b) Docini Decurity Induser
G. whom I as Majon
Gardner Lee Major
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION
Male Black Smale 20. DATE OF DEATH January 1 19 45 of 12:
6.(b) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of and that I last saw h
8. AGE: Years Months Days If less than one day Immediate cause of death DURATION
7 Months 7
9. Birthplace. (Town, county, and state) Due fo
1D. Usual occupation.
f1. industry or business
12. Hame Edward Major Other conditions
N 12 Bidbales
14. Major findings of operations
Date of op.
16. Informant
Address Plevenseelle Md. 22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bana Baje thereof 12/45
(City or town) (Connty) (State)
Location injured at home, farm, industry, public place (where?)
16. Funeral director
Address Standle Tuestolous
23. SIGNATURE M. D. or other
(Date see d by registrar) Registrar Registrar Address Coslou Lus Bate signed 12.3

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FILM No. G 9 2 MAR 10 1945

CERTIFICATE OF DEATH

00857 Reg. Dist. No. 290

and the state of t	
1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Tarbor Maryland	State Maryland County Queen Anne
City or town. Easton, Maryland (If outside city or town limits, write RURAL and give nearest town)	Contenville Memilend
How long in above place of death? 3. days.	(If outside city or town limits, write RURAL and give nearest town)
Hespital, institution or street address where death occurred:	Street No.
Memorial Hospital, Easton, Md.	(If rural, givs LOCATION)
How long in hespital or institution? 3 days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mae Ellen Mears	
4. Sat 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. January 14 19 45 at 9:17P m
6.(b) Name of husband or wife John Edward Mears	21. CERTIFY that death occurred on the date above stated; that Tattended deceased from
	ten /2 1945 19 km /4 10 45
7. Birth date of deceased (mo., day, yr.) May 28, 1914 9 / 2	and that I lest saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
32 51 7 17nrsmin.	and myradied 12ths
9. Birthplace Price's Station, Maryland	Busto Profumeria
9. Birthplace Price's Station, Maryland (Town, county, and state)	lobour 48tus
10. Usuat occupation Housewife	Due to
11. Industry or business	
12. Name Oden Brown	Dither conditions
12. Name Oden Brown 13. Birthplace 2. (1. Co. md	
	(Include pregnancy within 3 months of death)
14. Malden name. Lida Elliott	Major findings of operations
\$ 15. Birthplace 2. a. Co. Md.	Consolidation total lungs
16. Informant Mr. John Edward Mears	Autopsy results.
Address Centerville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Buy: a 2 Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Chester (1814)	Where did injury occur?
Location Centreville md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Bacton Birs	Means of Injury Injured at work?
Address Cecilieville Mayland	Thus schneider M. D
111- 44- myl m	23 SIGNATURE M. D. prother
19. (Date/rcc'd by registrar) Registrar	Address Date street 45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()()858 Reg. Dist. No. 291

City or town. City or town (If outside city or town-limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address whera geath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give recidence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest to Street No. (If rural, give LOCATION)	
How long to hospital or institution?	2.(a) If veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. (a) FULL NAME Pichard Moore.	3. (b) Social Security Number	er
B.(a) Single, married, widowed, or divorced B.(b) Name of husband or wifa B.(c) If allye, give age.	MEDICAL CERTIFICATION 2D. DATE DF DEATH JANUARY 13, 1945 19	om
8. AGE: Years Months Days If less than one day 77 Annual County, and etate)	Immediate cause of death eritonitis (Acute)	DURATION
11. Industry or businesse 12. Kame Woork 13. Birthplace of michaela Industry 14. Maiden name Balance Moore	Due to Dther conditions Acute Gastritis (Recurrent (Include pregnancy within 8 months of death)	
14. Maiden name 15 michaels. Moore 15. Birthplace St. Michaels. Moore 16. Informant. Address St. Michaels Trob.	Major findings of operations. None Autopsy results. None PHYSICIAN: Please underline the cause to which death should be charged statistic.	
17. Date thereof (month) (day) (year) Cemetery or crematory. Cemetery Location Location Newman + Harran 18. Funeral director.	Accident, suicide, or homicide	
19 January 19.45 John Howalis Registrar	23. SIGNATURE M. D. or othe Address St. Michaels, Md Date signed 1.1	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 122-0



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CERTIFICATE OF DEATH Reg. Dist. No. 290

1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town.	state Maryland county Caroline		
3.(a) FULL NAME Mr. Harvey Nichols	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH January 1, 19 45 at 7:30A M		
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26.19.4.4., to January 19.4.5. and that I last saw h. AML allive on January 19.4.5. Immediate 200/01 death DURATION DURATION Due to Market 19.4.5.		
10. Usual occupation	Due to		
13. Birtholace Caroline Co. Md. 14. Maiden name Mary A. Machols 15. Birtholace Caroline Co. md.	Major Indings of operations States and Date of op. 14/26/44		
Address todayalshung had 17. Buchal Date thereol (Month) (day) (year) Cemetery or crematory Location todayalshung had 18. Funeral director J I manufation San Address Tederalibry and 19. 3. 19.45	Antopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		

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Evidence for change of sex MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (994)

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidence of mother)
City or town	State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
3. M. FULL NAME Source Paris	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced To . Married	MEDICAL CERTIFICATION 20. DATE OF DEATH SAME STATE OF 2.15 P.
B.(b) Namo of husband or wife Soulyn Rese Cassis S.(c) If alive, give age 50 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 58 7	
9. Birthplace	Due to Chamile Suggestamin
11. Industry or business 12. Name Alexandra Passes 13. Birthplace	Other conditions
14. Maiden name Tellie 18. Varies 15. Birthplace	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Sarlas . 200	Antopsy results
(Burial, cremation, or remoyal, Which?) Cemetery or crematery (company) (but the registration of the company) (company)	Accident, suicide, or homicide
Location Declaration 18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury tnjured at work?
Address Selves : Ned 19. (Date rde'd by registrar) Registrar Registrar	23. SIGNATURE B. M. D. or other Address. Easter Bate signed 7-9-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

	108. 2100 1101 1111
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	m III
City or town	State County County
How long in above place of geath? Landane	City or town (If outside city or town limits, write RURAL sud give nearest town)
Hospital, institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mary Horevel Farrott	Mone.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White, Married	02/99/15/18
1 P.1	20. DATE DF DEATH. Lass 21 19 5 at 15 M
6.(b) Name of husband or wife was the state of the state	21. I CERTIFY that death occurred on the date above stated; that I detended deceased from
Carrott B.(c) If alive, give age 66 years	1940, 10 Jagu 27 1945
7. Birth date of	and that I last saw h. C. alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Dynation
0	Intestinal hemorriage 4 homes
58 9 13hrsmin.	ρ ρ ρ ρ
9. Birthplace Easton Salhot Co Ind	Due to Carrhopis of liver 3 his
(Town, county, and state)	\(\lambda\)
10. Usuai occupation Latinath Ale Mathematical form	
11. Industry or business	Due to
	De sous melbrandele 1 Bures
12. Name —	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Sarel Jally. 15. Birthplace Jarsheter C. Mal	
5 15. Birtholace Larghestes C. Mall	Major fiudings of operations.
mildle Pit Port	Date of op.
16. informant of the state of t	Autopsy results
Address trappe Warighand MA	
17 Duriall Date thereof Jan 24 1915	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & British of July	Where did injury occur?
Lasta Markey	Injured at home, farm, industry, public place (where?)
Location	Means of injury injured at work?
18. Funeral director Januares (Januares)	means vi injuit
Address Caston Markey de	mell adra-SD
0	23. SIGNATURE M. D. of other
19. (Uate rec'd by Szistrar)	(Trahk, 71) /23/1/15
(Uate rec'd by gistrar) Registrar	Address Date signed

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County de la contraction de la	(For newborn infants give residence of mother)
(If outside city or town limits, write RUHAL and give nearest town)	State County County
How long by above place of death?	Oity or lown
Mosdital Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lillie May Frahl	Nane!
4. Sex 5. Color or pace S.(a) Angle, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white wedow	20, DATE OF DEATH 200. 2 1 1945 of 2,234 m
E. P. Pralol	21. I CERTIFY that leath occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	19to
7. Birth date of years	and that I last saw halive on
deceased (mo., day, yr.) 1000. 19, 1880	Immediate cause of death
8. AGE: Years Months Days If less than one day	A fift Dy fift &
64 21 12hrsmin.	Diabeles Mellitus Pars
9. Birthplace of him pater was a filared are	Due to.
(Town, county, and state)	
10. Usual occupation. The second occupation of the second occupation occupation.	Due to.
11. Industry or business	
12. Name Law	Other conditions acabetee comprehences
13. Birthplace Mukn wron	// 0 X
14. Maiden name Martha a Clifton	(Include pregnancy within a montha of death)
5 11 1	Major findings of operations.
× 15. Birthplace Cuprown	Date of op.
16. Informant	Antopsy results
Address Osfard Maryland	
17 Durkal Date thereof Let 21 1945	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of the company	Where did injury occur?
Location Office All The	Injured at home, farm, industry, public place (where?)
10 sand marie of the floor mary hall and	Means of injury injured at work?
18. Funeral director Affill And Add And And And And And And And And	1. 1 Hart 3
Address (Pasian) Maryland	23. SIGNATURE Z Crus U. / VCC MI
19 1/31 1045 m.A. nerry	M, D, or other
(Date ree'd by registrar) Registrar	Address Date signed 7 - Yul

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore



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CERTIFICAT	E OF DEATH Reg. Dist. No	qv
1. PLACE OF DEATH: County City or town. (If outside sity or town, limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infunts give residence of mother) State County City or town finite, write RURAL und give net Street No. (12 rural, give LOCATION) 2.(a) If veteran, name war	arest towu)
3. (a) FULL NAME	2.(u) IT veteran, name war	•••••••••••••••••••••••••••••••••••••••
Lillie Mar Roberts	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Semale a.a. Single	20. DATE OF DEATH Jan 23 1945	at 11 P. M
B.(6) Namo of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I attended dece	
7-2- 200 100 100 100 724	June 25 - 1944, 10 Jan 2	3 19 45
7. Birth data of deceased (mo., day, yr.) alroad 1903	and that I last saw h. C. alive on Oct 22	18 44
8. AGE: Years Months Days If less than one day	Immediate cause of death Millial	DURATION
about 1/2min.	moutien cy	6 4401.
9. Birihplace / A My (Town, county, and state)	Due to	•••••••••••••••••••••••••••••••••••••••
10. Usual occupation Al Annial (10wn, county, and state)	Hyputusen	servial
	Duo to	94.

12. Name Jaguaral Allerts 13. Birthplace (rophe macrusal)	Other conditions	
14. Malden natis lifty williams 15. Birthplace Profiles and (wal)	(Include pregnancy within 3 months of death) Major findings of operations	
\$ 15. 8irthplace / haple and mal	Date of op.	************************
18. Informant Make No Grummel	Autopsy results.	
Address // hobble and	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(Burlal, cremation, or removal, Which?) Data therool June 2 - 194 5 - (month) (day) (year)	22. VIOLENCE: If death was due to extoroal causes, fill in the following: Accident, suicido, or homicide	243
Cemetory or crematory Seath AME	Where did injury occur?	
Location Deligation	Means of Injury Injured at work?	
Addrass Sallafield Ond	B. McP CT.	1(2)
19. Januar 27 18 45 Joseph Grown Registrur	23. SIGNATURE A M. D. C Address Zaston Med Date signed of	or other /-25-45-

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2411 N. Charles St., Baltimore



CEDTIFICATE OF DEATH

CERTIFICAL	LE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Active Delenas Refuse. 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
6.(6) Name of husband or wife the theory Artest 6.(6) Name of husband or wife the theory Artest 7. Birth date of the theory of	20. DATE DF DEATH
8. AGE: Years Months Bays If less than ooo day his birthplace (Town, county, and state)	Immediate cause of death Caretral Remorrhacy Due to.
11. Industry or business 12. Name	Dither conditions
18. Informant Description Address Description 18.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Buriai, cremation, or revious). Which?) Cemetery or crematory Location	Accident, suicide, or homicide
18. Funeral director Address 19. (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE ComisO, Welly M. D. Hother M. D. Hother Address. Address. Date signed, 1-8-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 220

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CERTIFICATE OF DEATH

	Nog. Dist. 110athis.at.minime
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)
City or town (If ourside city or town limits, write RURAL and give nearest town) How long in above place of death?	Slate County City or town City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
	2.(a) If veleran, name war
3. (ax FULL NAME 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20.7. 8 19.45 at 320 CM
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12. I CERTIFY that death occurred on the date above stated; that I attended deceased from 13. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14. I CERTIFY that death occurred on the date above stated; that I attended deceased from 15. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17. I CERTIFY that death occurred on the date above stated; that I attended deceased from the date above stated in the
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace	Due to Memoria At Lung to da.
11. Industry or business	Due (Caule Mullettry) a
12. Name 2 to 12. Vons	Dither conditions
14. Maiden name Rose Simpler 15. Birthplace Del	Major findings of operations
16. Informant Mrs. Rose Sacey Address Address Address Address	Autopsy results
17. (Burlal, cremation, er remeval, Which?) Cemetery or crematory. Louns 2nd	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location To A Designed Del	Injured at home, farm, industry, public place (where?)
Address Boonsend Blauare	23. SIGNATURE. The Comment of the Co
19. (Date rec'd by registrar) 19. 4.5	Address Easton Date signed.

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THE GROUP STOP IN

MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of age of deceased is shown on

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

THE WORLD LET ST CO. WINGS A. V. S. V.	ATE OF DEATH Reg. Dist. No. 2.90
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Florence Thomas	3. (b) Social Security Number
5. Color or race B.(a)Single, married, widowed, or divorced B. Harried	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
6.(b) Name of husband or wife Marion Thomas 8.(c) If alive, give age 59 7. Birth date of deceased (mo., day, yr. Nov. 28.1879	
8. AGE: Years Months Days If less than one day 65 4	Caseins my 100 ?
9. Birthplace. Hillsboro Caroline Md. (Town, connty, and state) Housewife Housewife 11. Industry or business Home Unknown 13. Birthplace Unknown 14. Maiden name. Eva Hines 15. Birthplace Md.	Due to
16. informant Marion Thomas Address Ridgely. Md.	Antopsy results
17. Burial (Bnrial, cremation, or removal, Which?) Cemetery or crematory West Denton Location Denton. Md.	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Ratmond, B. Rawlings Address Greensboro, Md. 19. /3 1975 M. Merrayland Recistration Re	23. SIGNATURE Man D. or other Date signed 1 4 4 4 5

DESCRIPTION OF PRINCIPAL OF REALISE

HELDER TO SELECTION OF SERVICE

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FEB 6 1945
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2411 N. Charles St., Baltimore

00868

CERTIFICATE OF DEATH

(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospital, institution, or street address white death occurred: Street No. (If rural, give LOCATION) Low long in hospital or institution? (If rural, give LOCATION)	
A / N PULL NAME	
Thelma Frene Thomas 215-12-	, , ,
MEDICAL CERTIFICATION	
Female Colored Married 20 DATE DE DEATH Jan. 25. 1945 11	7
7 male lower Manuer 20. DATE OF DEATH. Jon. 25, 19.4.5., at.	8:42.46 M
6.(b) Name of husband or wife	trom
	19.4/6.
7. Birth dale of B.(c) If alive, give age 35 years and that I last saw h. a. alive on 19.45, to	1045
deceased (mo., day, yr.) A Tog 2 2 1914	
8. AGE: Years Months Days If less than one day	DUBATION
30 / 3	anys.
9. Birthplace	
10. Usual occupation. House Wife.	
11. Industry or business	
12. Name alefander C. Halland Diher condition Office Borner M. S. 13. Birthpiace Borner M.	/2 mg
(Include pregnancy within 8 months of death)	
14. Maiden name. At the Character Carlos Major findings of operations. Major findings of operations. Date of op.	
2 13. Birinpiace Date of op.	
18. informant to Lege Being Balley. Antopsy results.	
Address Address Please underline the cause to which death should be charged statis	tically.
22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) Date thereof (month) (dax) (year) Accident, suicide, or homicide	0,0000000000000000000000000000000000000
all load the state of the state	
Cemelery or crematory (City or town) (County) (Sta	ste)
Location Injured al home, farm, industry, public place (where?)	************
18. Funeral director	
Address Carlon Md Hallmand T Welt M	1.0
19. 19. 19. 45 M. D. or oth	her /25

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FEB 6 1945

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00869

CERTIFICATE OF DEATH

Rev.	Diat.	No. 290
Tree P.		* * CO * * * * * * * * * * * * * * * * *

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Caroline City or town Federalsburg
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No.
How tong in cospital or institution? 6 dasa	(If rural, givo LOCATION) 2.(a) If yeteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Pricilla Webb	219-14-4820
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Sugle	20. DATE OF DEATH
6.(6) Name of husband or wife	21. ICENTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of	and that I last saw h la alive on Dan 8 19.45
deceased (mo., day, yr.) dug 15, 1903	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pyloneplutes 5yrs.
41 4 23hrsmin.	La constant de la con
9. Birthplace Or Che Story and state)	Due to Pelore wolane ?
10. Usuat occupation	Que to.
11. Industry or business H.W.	
12. Name duquetus Wille 13. Birtholace Dare he ster Ca. md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Lake 15. Birthplace Dorchester Co. Md.	Major findings of operations.
2 15. Birtholace Dorehester Co. md.	Major number of operations.
16. Informant Rachael Sampson	Autopey results 2001
Address Federalsburg md. RD	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
17. Burial, cremation, or semoval Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, filt in the following; Accident, suicide, or homicide
Cemetery or crematory John's Camatery	Where did injury occur?
1 D.1	Injured at home, farm, Industry, public place (where?)
114	Means of Injury Injured at work?
18. Funeral director	01001
Address / Faddralsbug mid.	23. SIGNATURE thy 1- Schneider. M. D.
19. (Date reg d by registrar) Rogistrar	Address Easton and Date signed 1945

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BUREAU V S

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11118711 Reg. Diat. No. 290

A STATE OF THE STA	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newboru infants give residence of mother) State
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Sireet No.
	(If rural, give LOCATION)
How land in hospital or instillutioo? 4 113.	2.(a) If veteran, name war
3 (a) FULL NAME Jame la Wrigh	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jamala white single	20. DATE DE DEATH 2 Sandard 19 45 31 4:55 PM
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife	2 am / 19/5 to 2 am 2 19/5
Ost 18, 1943 8.(c) If alive, give age years	and they last saw h &alive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Solar Thussa a. 14ac
1 2 15hrsmin.	Thee !
8. Birthplace (Town, county, and state)	Due to.
ID. Usual occupation	
	Due to
11. Industry or business	
12. Name Harry S. What St. 13. Birthplace Chostank Md	Other conditions
0 1	(Include pregnancy within 8 months of death)
14. Malden name Josephine Berry 15. Birtholace Baltimore Mid	Major findings of operations
\$ 15. Birthplace baltimore, Md	Date of op.
16. Informant 07-13. Wright &	Autopsy results
Address Restant med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R. 1 (164)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which2) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory M. E. Church Cemeter.	Where did injury occur?
Part P. M. 1	Injured at home, farm, Industry, public place (where?)
Location Temporary	Means of thiury Injured at work?
18. Funeral director	I S A I IIIJUICU GI ROIAI
Address Preston md	11 & Seman mint
1/2 115 n. 11.	23. SIGNATURE M. D. or other
19	Address Addles Sully Mol Date signed - 2-43

RECEIVED FEB 6 1945

BUREAU V.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 2 9 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town of outside city or town limits, write RURAL and give nearest town)	State Just be to the transfer of the state o
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town
J. J	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
tenrista Zzigler	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
frmak w single	20. DATE OF DEATH 22 MINULATED 19 45 21 7 105 PM
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19, to XIII . 72,19 45
7. Birth date of deceased (mo., day, yr.) 405. 1, 1857	and that I last saw h. EN alive on
8. AGE: Years Months Days If less than one day 29	Immediate cause of death DURATION
9. Birthplace Packot Co. Md. (Down, gounty, and state)	Due to Temperal justinitie 4 da.
10. Usual occupation	Due to Muliple divalicularis of 1 Mc
12. Name Henry Giegler 13. Birthplace	Other conditions hymphosarcana
14. Maiden name Margaret Mauriliere 15. Birthplace Fermany	(Include pregnancy within 8 months of death) Major findings of operations.
El 15. Birthplace	
16, Informant Venty Wind forth	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 17. Serial (month) (day) (year) (Burial, cremation, or remoyal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Sing Design	Where did injury occur?
Location 444.	Injured at home, farm, industry, public place (where?)
18. Funeral director 2 2006 Bush Sulfo	Means of injury Injured at work?
Address Ceston, 44d.	23. SIGNATURE D. Bohn M.D.
19. 1/23 19 45 N. Neuron Registrar	Address Sanka Md , Date signed 114145

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FEB 6 1945 BUREAU V.S.